Navy Behavioral Health Program

Life Counts!

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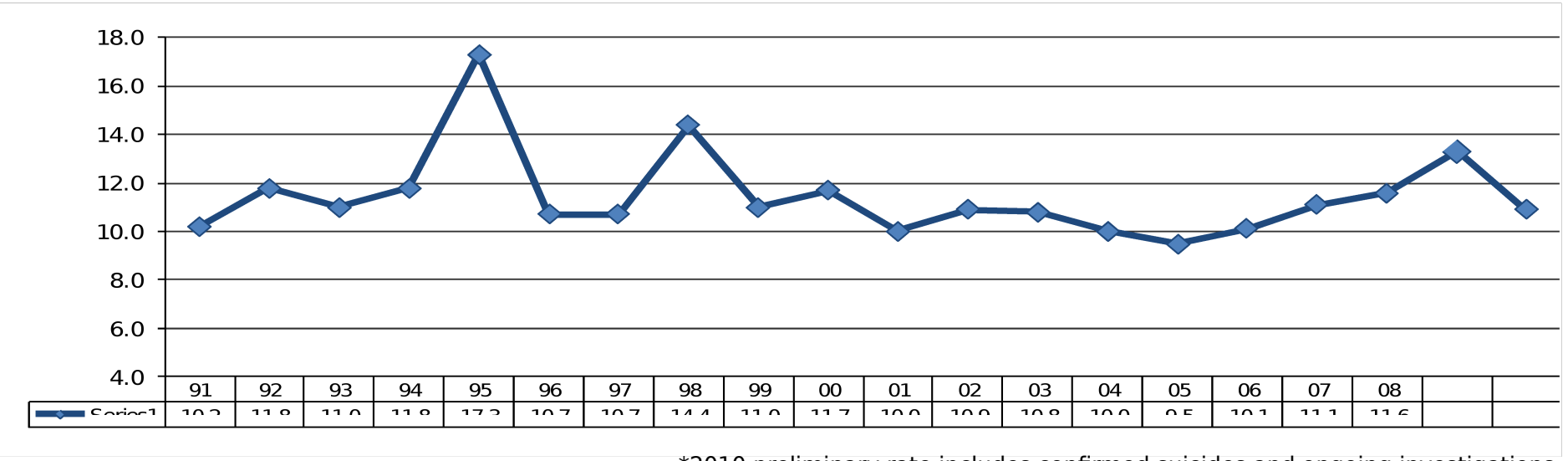
OPNAV N135F
Suicide Prevention Leadership Brief
June, 2011

Unclassified

Navy Active Duty Suicide Rate Per 100K 1991-2010*



*2010 preliminary rate includes confirmed suicides and ongoing investigations

SUICIDE RELATED BEHAVIORS: (6/2011)

801 SITREP REPORTS CY 11

1,533 SITREP REPORTS CY10

1,198 SITREP REPORTS CY09

Average of 4.4 suicides per month last 12 months (AD)

Service Comparison

USN: 38 / 11.1
USMC : 37 / 17.8
USAF: 59 / 15.5
USA: 159 / 21.8

Recent Navy Suicide Demographics

2008		2009	
Male = 40, Female = 1		**Male = 46,** Female = 2	
Caucasian = 28 Hispanic = 2 African Amer. = 7 Native Amer. = 1 Asian/Pacific = 3	**17-24 yr old = 17** 25-34 yr old = 15 35-44 yr old = 5 45+yr old = 4	**Caucasian = 34** Hispanic = 7 African Amer. = 4 Native Amer. = 0 Asian/Pacific = 3	17-24 yr old = 14 **25-34 yr old = 21** 35-44 yr old = 9 45+yr old = 4
E1-E3 = 11 **E4-E6 = 25** E7-E9 = 2 W-O3 = 2 O4-O6 = 1	**Gunshot = 21** Asphyxiation = 12 Ingestion = 1 Carbon Monoxide = 2 Jumped from Ship = 1 Stabbing/Cutting = 2 Other = 2	E1-E3 = 5 **E4-E6 = 32** E7-E9 = 8 W-O3 = 1 O4-O6 = 2	**Gunshot = 21** Asphyxiation = 15 Ingestion = 0 Carbon Monoxide = 4 Jumping = 2 Stabbing/Cutting = 3 Other = 1 Unk=2

**** 2009 deaths include suspected suicides pending final medical examiner determination of cause of death.***

Suicide demographics generally reflect Navy's population distribution

Warning signs of suicide are not always this obvious...

ACT.

ASK - CARE - TREAT

ASK if someone is thinking about suicide.

Let them know you **CARE**.

Get them assistance (**TREAT**ment) as soon as possible.

Life counts.

www.suicide.navy.mil

Factors We've Seen In Navy Suicides

	1999-2007	2009
Relationship problem	**60%**	**67%**
Work-related problems	50%	19%
Discipline/legal action	39%	23%
Physical health problems	35%	n/a
Financial problems	16%	25%

- **Relationship breakups**
- **Transitions (pending separation / PCS)**
- **First 6 months after deployment**

Stressors

Disrupted Social Network

Judgment Factors

Access to Lethal Means

Compressed Intervention Window

Distorted Thinking + Lethal Action

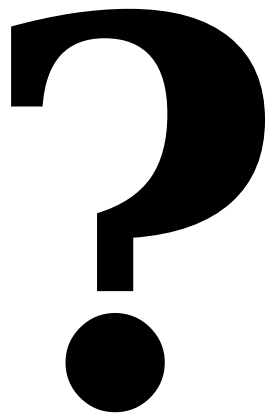
- **Anger -** 29% of 2009 suicides had argument or confrontation within 24 hours of death
- **Alcohol** - 38% of 1999-2007 suicides had likely used alcohol near the time of death
- **Sleep Deprivation** - sleep problems linked to suicide (Navy anecdotal and civilian research)

- 83% of 2009 suicides on liberty or leave (only 4% on deployment)
- 44% of 2009 suicides used firearms

- From case reviews - there can be a short time between suicide thoughts and action
- Overt warning signs may not be shown or are seen too late to intervene
- In 50% of 2009 Suicides a family member or girlfriend knew the Sailor was having problems or was suicidal
- 23% of 2009 Suicides had treatment or counseling - historic or ongoing

- Feeling ineffective, burdensome, not belonging
- Acquired capacity to inflict lethal harm

Barriers to Seeking Help



Suicide Prevention Current Climate

Behavioral Health Quick Poll June 2010

86% of Sailors were trained
- Command (53%)
- Computer (41%)
- Other (56%)

81% of Sailors know Ask-Care-Treat

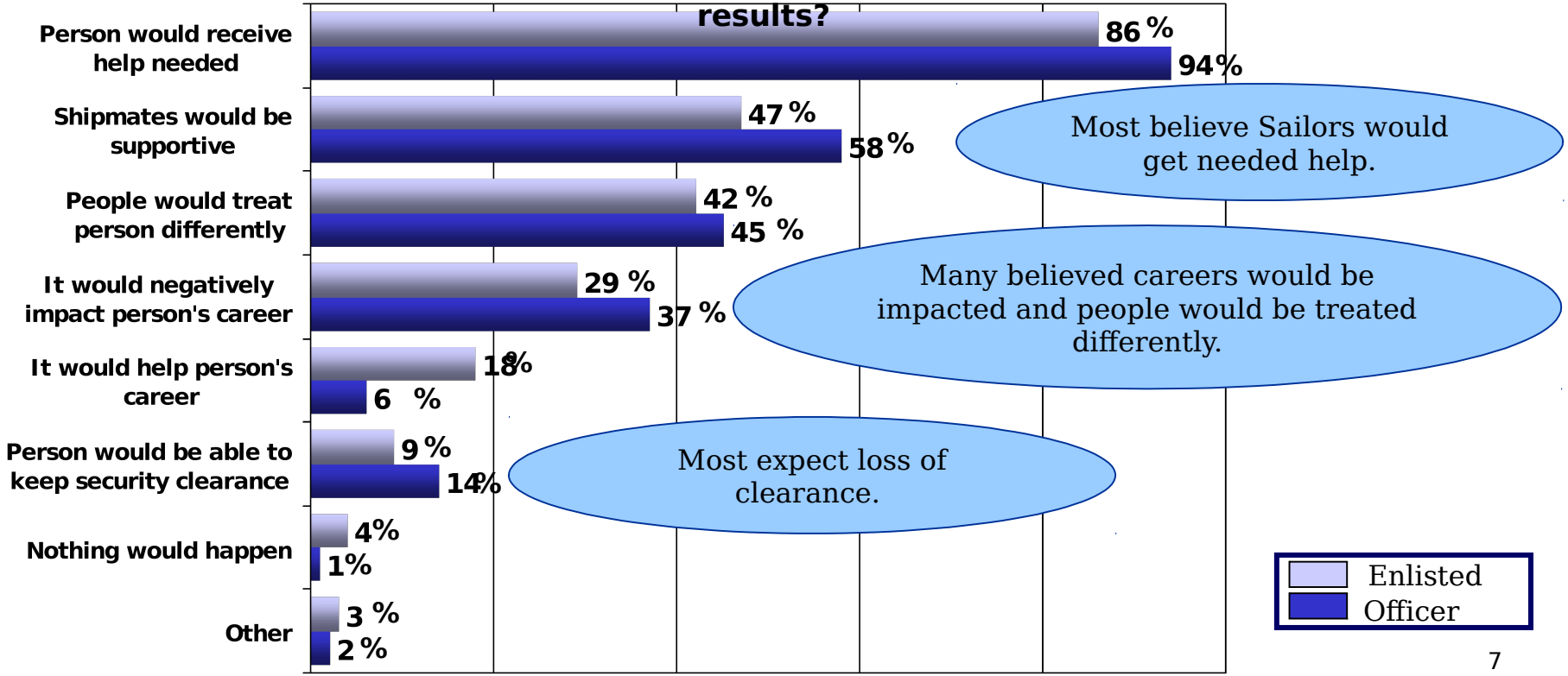
75% prefer live trainers

More than 90% of Sailors feel they know what to do

64% say actions are being taken at their command to prevent suicides

60% know their Suicide Prevention Coordinator (SPC)

If a Sailor sought help from the Navy for suicidal thoughts or actions, what would be the likely results?



Barriers to Seeking Help

- **Not understanding stress injuries**
- **Belief that stress injuries are weakness or failure**
- **Fear of negative career impact**
- **Fear of losing the trust of others**
- **Not understanding consequences of failing to get**

  timely help
- **Discouraging command climate – “get over it”**

Policy

- **OPNAVINST 1720.4A Suicide Prevention**
- **OPNAVINST 3100.6H OPREP/SITREP Reporting**
- **OPNAVINST 6100.2A Health Promotion / Life Skills**
- **SECNAVINST 6320.24A Command Directed Evals**

Commands are required to have:
A trained suicide prevention coordinator
A written crisis response plan
Adhere to reporting requirements

OPNAVINST 1720.4A Policy Overview CO RESPONSIBILITIES

- Written suicide prevention/crisis intervention plans.
- Foster a command climate that supports and promotes psychological health.
- Encourage referrals early.
- Communicate with mental health providers as needed;
  reintegrating service member back into the unit.
- Have safety measures in place that include restricting
  access to means to inflict harm and seek emergent mental health evaluation.
- Provide command support in the event of a suicide or serious suicide related behavior to families/personnel.
- In event of suicide, complete the Department of Defense Suicide Event Report (DoDSER) within 60 days of notification of death.
- Appoint an SPC in writing (prefer E7 or above).

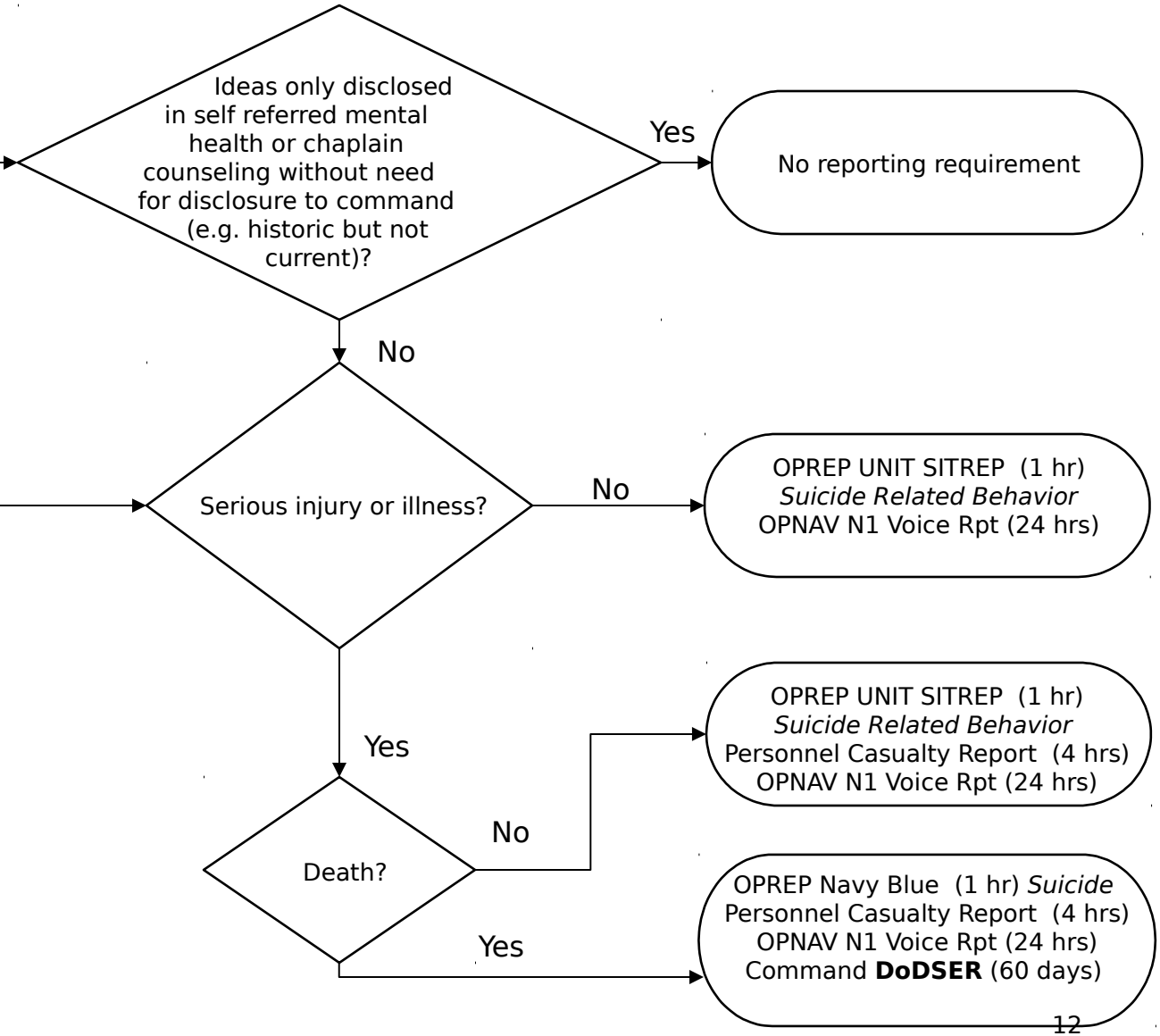
SUICIDE PREVENTION COORDINATOR

- Receive SPC training as established by OPNAV N135 as soon as possible after designation.
- Schedule annual suicide prevention training and as needed, conduct training; may use local assets to facilitate training (chaplains, FFSC, medical).
- Maintain training records.
- Training will include: everyone’s duty to obtain assistance for others in the event of suicidal threats or behaviors, recognition of specific risk factors for suicide, identification of signs and symptoms of mental health concerns and operational stress, protocols for responding to crisis situations for their specific command, and contact information for local support services.
- Have crisis response plan in place and updated.
- Make certain leadership messages and communications materials are available.
- Ensure reporting process is in place.
- Collaborate with SPC network.

Reporting Requirements

Communicated ideas or threats of self harm, preparation for or acts of self- directed violence (SDV).

If determined by competent medical authority to be a suicide attempt, a **DoDSER** will be completed within 30 days by the Military Medical Facility that provided assessment or Tricare referral (if assessment took place at a civilian facility). For Reserve Component not on active duty the Reserve Component Command Medical Representative will ensure **DoDSER** completion and may be assisted by the Reserve Psychological Health Outreach Team (PHOT).


Ideas only disclosed in self referred mental health or chaplain counseling without need for disclosure to command (e.g. historic but not current)?
Yes
No reporting requirement
No
Serious injury or illness?
No
OPREP UNIT SITREP (1 hr)
Suicide Related Behavior
OPNAV N1 Voice Rpt (24 hrs)
Yes
Death?
No
OPREP UNIT SITREP (1 hr)
Suicide Related Behavior
Personnel Casualty Report (4 hrs)
OPNAV N1 Voice Rpt (24 hrs)
Yes
OPREP Navy Blue (1 hr) *Suicide*
Personnel Casualty Report (4 hrs)
OPNAV N1 Voice Rpt (24 hrs)
Command **DoDSER** (60 days)

References

OPREP Reporting
OPNAVINST 3100.6J

Personnel Casualty Report
MILPERSMAN

DoDSER
OPNAVINST 1720.4A

Department of Defense Suicide Event Report: (DoDSER)

- Required for all suicides, suicide attempts and undetermined deaths in which suicide has not been ruled out
- Command representative completes death DoDSER
- MTF provider completes suicide attempt DoDSER

DoDSER Content

- **Demographic information**
- **Information about the suicide related event**
- **Medical and treatment history**
- **Family history**
- **Deployment history**
- **Recent stressors**

If uncertain about the meaning of a field or question, you can click to reach additional definitions and guidance.

The accuracy and completeness of this instrument will allow for improved
understanding and prevention efforts.

DoDSER Step By Step

- **Step 1** : Register on DKO/AKO – go to https://www.us.army.mil, choose “register with CAC” and enter your pin
- **Step 2:** Go to the DoDSER site at https://dodser.t2.health.mil/dodser and click “register” at the top or “enter” if already registered
- **Step 3**: On the left menu under “DoDSER OPTIONS” go to “create”
- **Step 4**: If you need to gather more information or finish later, you can go back and “recover DoDSER” for 60 days. For security reasons, the data will not be available for view after that time.
- **Step 5**: If you want to be able to refer back to DoDSER information, print a PDF of the completed

2011 Strategic Focus-Navy Suicide Prevention

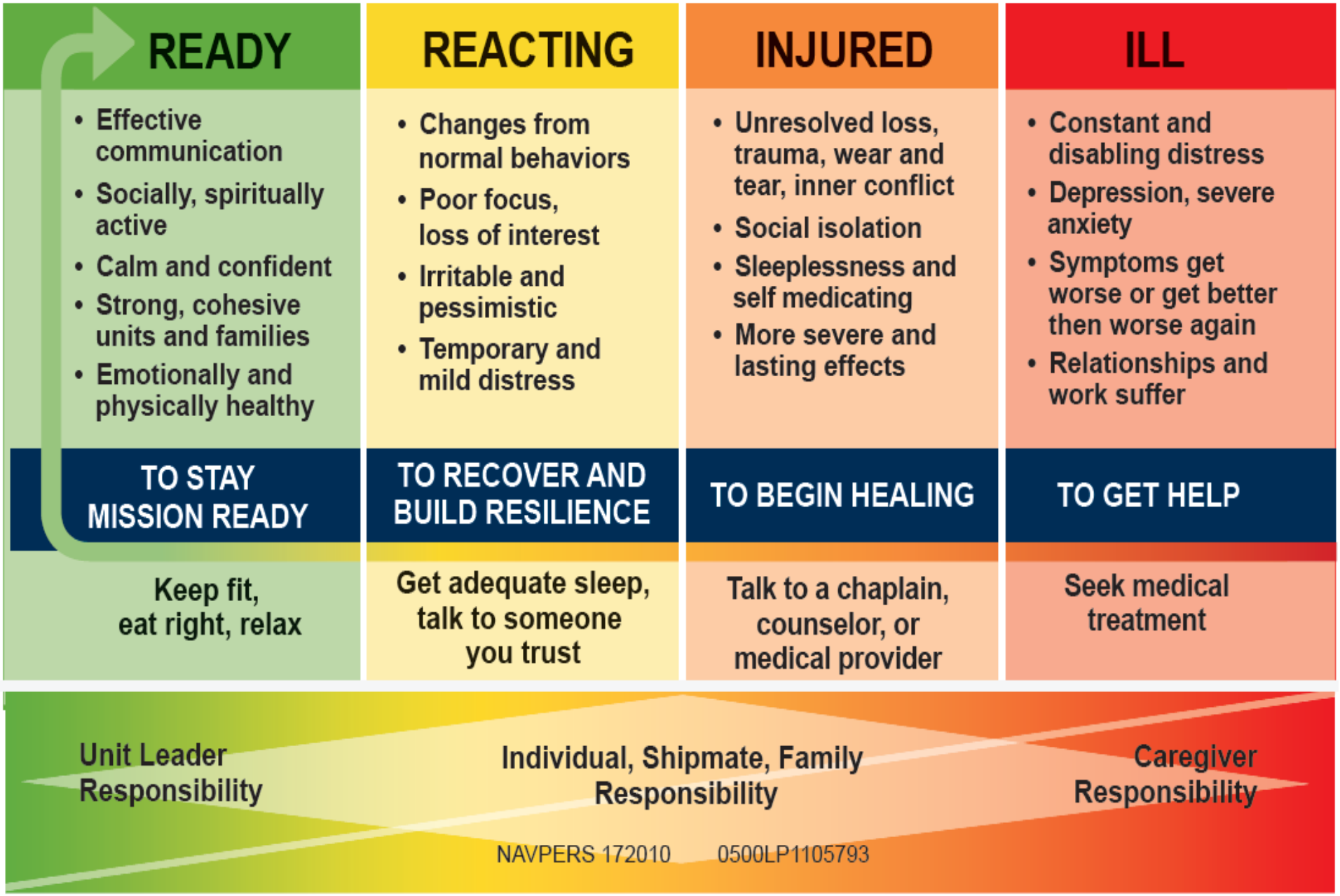
FOCUS		RESPONSE
Sailors reporting more work stress and performance impact	Build Resilience →	Operational Stress Control, Personal and Family Readiness, and Health Promotion Programs
Strong relationships and communities are key protectors	Strengthen Connections →	Family outreach, community education, leadership skills, prevention network
Provider and responder competence for suicide risk cases varies	Target Skills →	AMSR Provider Training, Command Response Plans, and Emergency First Responder Training, policy update
Expand the aperture to Total Force & the whole continuum of care	All Hands All of the Time →	All hands on deck, expand tools for civilians, postvention tools, reintegration
Reduce stigma and other barriers to care	Reduce Barriers →	Policies, education, communication

Lives Worth Living

STRESS CONTINUUM

GET BACK TO GREEN

www.navynavstress.com


READY
• Effective communication
• Socially, spiritually active
• Calm and confident
• Strong, cohesive units and families
• Emotionally and physically healthy
TO STAY MISSION READY
Keep fit, eat right, relax
REACTING
• Changes from normal behaviors
• Poor focus, loss of interest
• Irritable and pessimistic
• Temporary and mild distress
TO RECOVER AND BUILD RESILIENCE
Get adequate sleep, talk to someone you trust
INJURED
• Unresolved loss, trauma, wear and tear, inner conflict
• Social isolation
• Sleeplessness and self medicating
• More severe and lasting effects
TO BEGIN HEALING
Talk to a chaplain, counselor, or medical provider
ILL
• Constant and disabling distress
• Depression, severe anxiety
• Symptoms get worse or get better then worse again
• Relationships and work suffer
TO GET HELP
Seek medical treatment
Unit Leader Responsibility
Individual, Shipmate, Family Responsibility
Caregiver Responsibility

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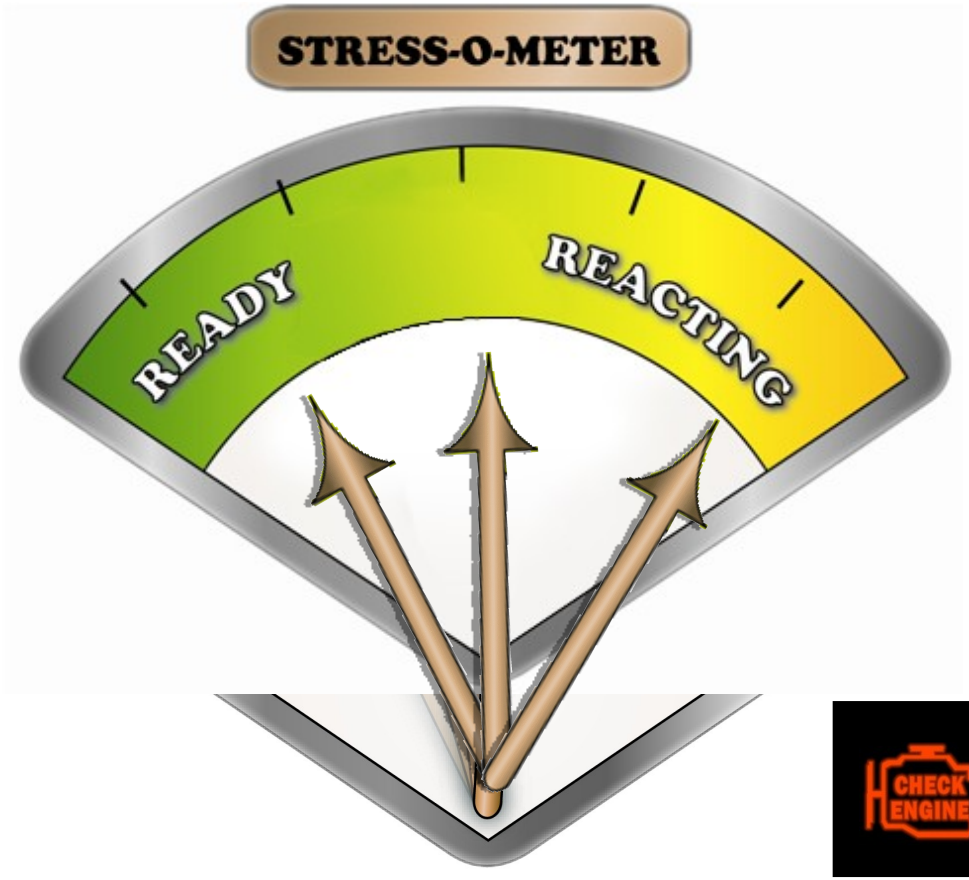
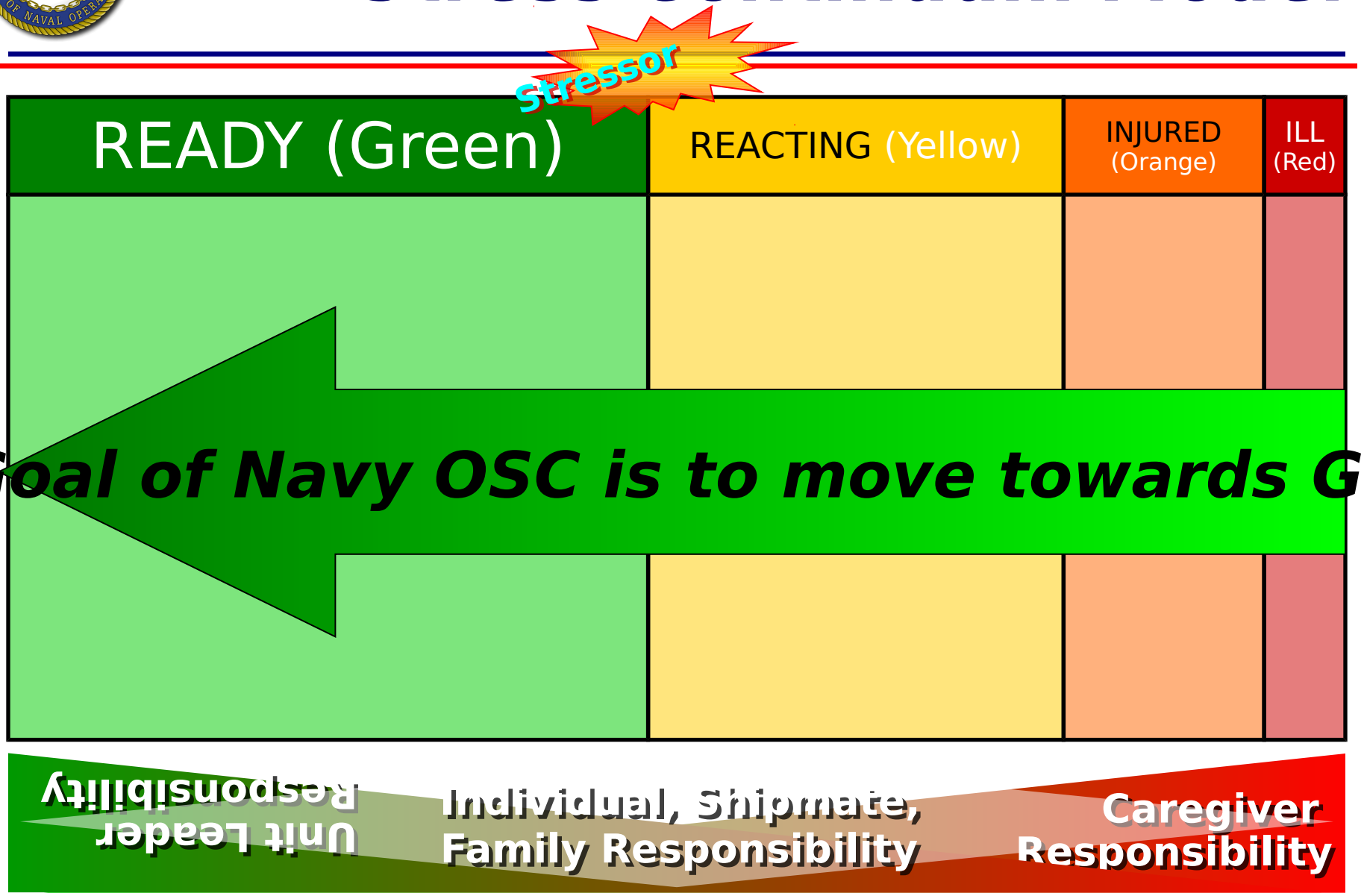
Stress: Tachometer



Stress Continuum Model



Suicide Prevention Focus

Lives Worth Living

New Navy Website ICON

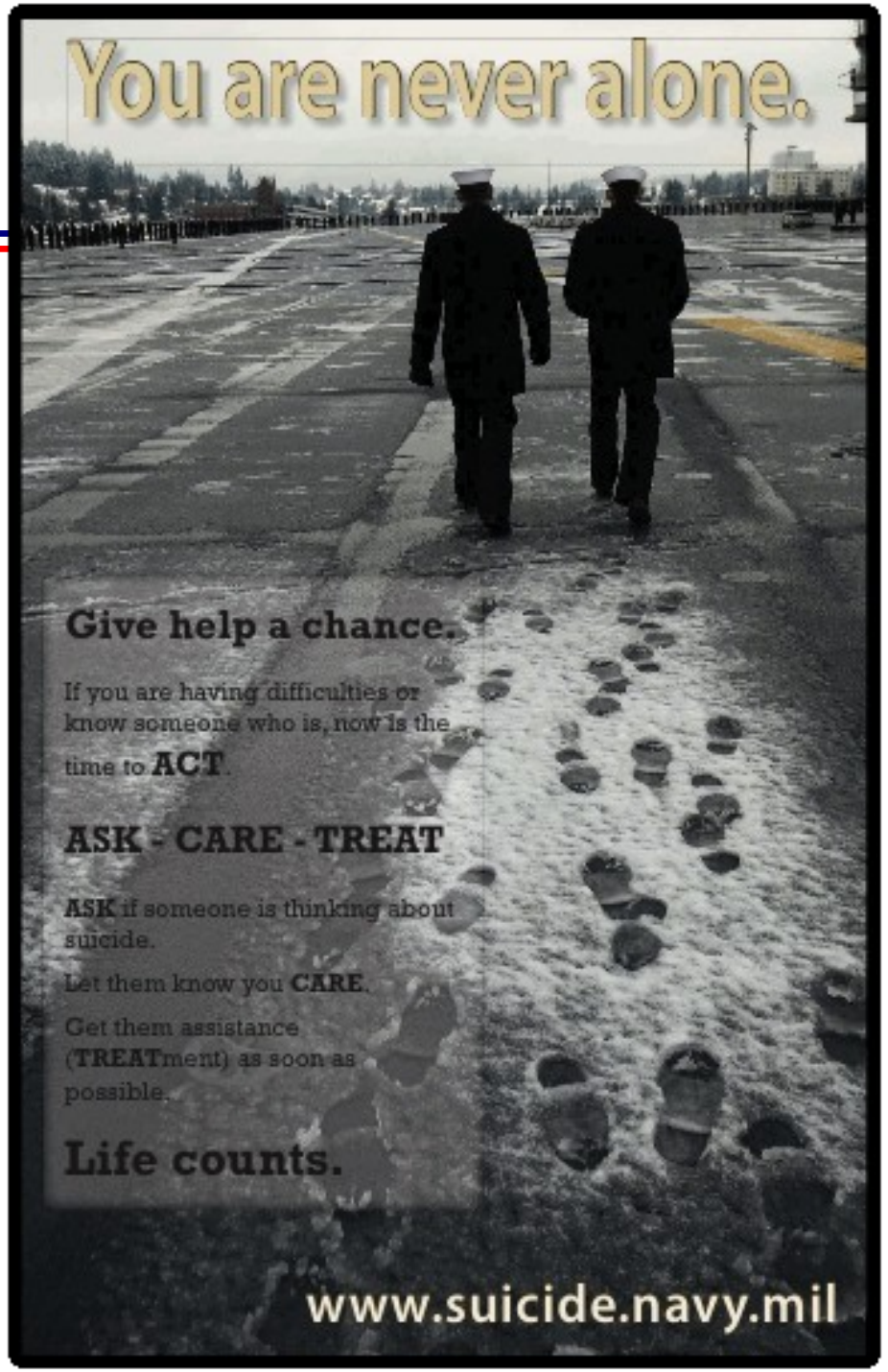
Resources

Commanding Officer's Suicide Prevention and Response Toolbox:

May 2011

Resources

- **Medical**
- **Behavioral Health**
- **Chaplain**
- **FFSC**
- **www.suicide.navy.mil**
- **www.militaryonesource.com**
- **Suicide Prevention Resource Center**
  http://www.sprc.org/


You are never alone.
Give help a chance.
If you are having difficulties or know someone who is, now is the time to ACT.
ASK - CARE - TREAT
ASK if someone is thinking about suicide.
Let them know you CARE.
Get them assistance (TREATment) as soon as possible.
Life counts.
www.suicide.navy.mil

Suicide Prevention

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